PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

<u> </u> _	····	Effe	ctive Octo	· ·		1000	483	<u> </u>				
CLAIMS AS FILED - PART I						umn 2)		SMALL ENTITY TYPE				THAN YTITNE
T	OTAL CLAIM:	S	137	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				TE	FEE	7	RATE	FEE
F	OR'		NUMBER	NUMBER FILED		NUMBER EXTRA		FEE	385.00	OR	BASIC FEE	770.00
TO	OTAL CHARGE	ABLE CLAIMS	37 minus 20=		* 17		×\$	9=		OR	17x\$18=	306
11/1	DEPENDENT C	CLAIMS	G m	C minus 3 =		* 3		3=		OR	3X86=	215
M	JLTIPLE DEPE	NDENT CLAIM F	PRESENT	ESENT				5=		OR		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	AL	<u></u>	OR	l	1274
CLAIMS AS AMENDED - PART II							OTHER THAN					
Γ.				(Colun	nn 2) . Est	(Column 3)	SWALL			OR 7	SWIALL	· · · · · · · · · · · · · · · · · · ·
AMENDMENT A	<u> </u>	REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA	RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		= .	X\$:	9=		OR	X\$18=	
AME	Independent	*	Minus	***		= .	X43	=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							5=		OR.	+290=	
								TAL		┨╴╴╏	TOTAL	
		ADDIT.	FEE L		10,,	ADDIT. FEE	-					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	<u> </u> *	Minus	***	· ·	=	X43	=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=		ОR.	+290=	
							TO			OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDM ENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA	RATI		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
A D Z	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
PME T	Independent	*	Minus	***		=	X43=	_		1	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							AL .		OR	+290=	
** 1(* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
Tł	ine nighest Nunt ie "Highest Numt	nber Previously Paid per Previously Paid	in For IN THIS For" (Total or I	i SMACE is I Independent	ess than t) is the h	3, enter "3," lighest number t	ound in the	аррго	priate box	in colu	mn I.	·